PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	onzea Committee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Virginians for Conserv	ative Government			
ADDRESS (number and street)	5822 Crighton Drive			
▼ Check if different				
than previously reported. (ACC)	Dublin		OH 43	016
2. FEC IDENTIFICATION N	IUMBER ▼ CITY	(▲	STATE ▲	ZIP CODE ▲
C C00616342	3. IS	THIS NEW (N) OR	AMENDE (A)	ED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6		Year Only)
April 15 Quarterly Report (0	(Q1)	20 (M4) Jul 20 (M7)		
July 15 Quarterly Report (0	(C) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (6	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report ((YE) Election	on	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		on/	YIYIY	in the State of
5. Covering Period 1	1 29 / 2016	through 12		2016
I certify that I have examined the	Phillips, Robert, , , jr	my knowledge and belief it is t	true, correct and comp	plete.
Type or Print Name of Treasure	er			
Signature of Treasurer	llips, Robert, , , jr	[Electronically Filed]	Date 01 /	11 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the pen	alties of 52 U.S.C. § 3010
Office Use			FE	EC FORM 3X Rev. 05/2016

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Write or Type Committee Name		
,	Virginians for Conservative Gove	ernment	
F	Report Covering the Period: From:	11 29 / 2016 To:	12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		0.00
	(b) Cash on Hand at Beginning of Reporting Period	9.87	
	(c) Total Receipts (from Line 19)	50.00	170.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59.87	170.00
7.	Total Disbursements (from Line 31)	59.87	170.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	D. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3995.08	
	This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
_		For further information contact:	
		Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Virginians for Conservative Government

2016 31 2016 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 0.00 0.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 0.00 0.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 50.00 170.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 170.00 12, 13, 14, 15, 16, 17, and 18(c))....... 50.00 20. Total Federal Receipts 50.00 170.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1011. 1.110	odividal four to bute
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	20.00	130.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20.00	130.13
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
5. Loan Repayments Made	39.87	39.87
. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	4 4 4	
_	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Non-Federal Donations)	0.00	0.00
. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	59.87	170.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 7 7
from Line 31)	59.87	170.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	20.00	130.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.00	130.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

13 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page **X** 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Virginians for Conservative Government Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Phillips, Robert, , , jr Date of Receipt Mailing Address 5822 Crighton Drive 2016 16 City Zip Code State Transaction ID: SA13.4118 OH Dublin 43016 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 120.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... 50.00 TOTAL This Period (last page this line number only).....

S П

SCHEDULE B (FEC Form 3X)	11		FOR LINE NUMBER: PAGE 7 OF 13		
ITEMIZED DISBURSEMENTS			(check onl	(check only one)	
		ummary Page	21b 28a	22 28b	23 x 26 27 30b
[A . (
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)		7.			
Virginians for Conservative Govern	ment				
Full Name (Last, First, Middle Initial)					
A. Phillips, Robert, , , jr				Date of Dis	bursement
Mailing Address 5822 Crighton Drive	T			12	21 2016
,	State OH	Zip Code 43016		FEC Identif	ication Number
Dublin Purpose of Disbursement	OII	43016			
Turpose of Bioscitoment			· · · ·	C	
Candidate Name			Category/	1	ction ID : SB26.4119 Each Disbursement this Period
			Type	Amount of	Each Disburschicht this 1 chod
Office Sought: House Disbursen	nent For:			1	20.00
	Primary	General			,
	Other (specif	y) ▼		Memo	Item
State: District:					
Full Name (Last, First, Middle Initial) B Dhilling Pobort ir				Date of Dis	hursement
B. Phillips, Robert, , , jr				M M /	D D / Y Y Y Y
Mailing Address 5822 Crighton Drive				12 21 2016	
City	State	Zip Code		FEC Identif	ication Number
2 42	ОН	43016		C	isation rambon
Purpose of Disbursement					
Candidate Name					ction ID : SB26.4120
			Category/ Type	Amount of	Each Disbursement this Period
Office Sought: House Disburserr	nent For:		71		19.87
Senate	Primary	General			4 4
	Other (specif	y)		Memo	Item
State: District:				ш	
Full Name (Last, First, Middle Initial)				Data of Dia	h
C.				Date of Dis	
Mailing Address				M M /	D D / Y Y Y Y
City	State	Zip Code		FEC Identif	ication Number
Durage of Dishuranment				C	
Purpose of Disbursement					
Candidate Name				Amazumt of	Fach Dishurasmant this Davied
			Category/ Type	Amount of	Each Disbursement this Period
Office Sought: House Disburserr	nent For:			1	
Senate	Primary	General			7
President Other (specify) ▼				Memo	Item
State: District:					
SUBTOTAL of Disbursements This Page (optional)					39.87
OSSIGNATION OF SIGNATURE OF SIG			·····		
TOTAL This Period (last page this line number only).				L	39.87

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 13

		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4111
Virginians for Conservative Go	overnment	
LOAN SOURCE Full Name (Last, Fill Henry Alan, LLC	rst, Middle Initial)	N
Mailing Address 5822 Crighton Drive		Other (specify) ▼
City	State	ZIP Code
Dublin	ОН	43016
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
50.00		0.00 50.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 09	M = M / D = D	/ 12/31/16 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if	any) to Loan Source	
1. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
Mailing Address		Cocapation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	l)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
0.1	71D O l .	
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
City	zate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opt	ional)	50.00
TOTALS This Period (last page in this lin		
Carry outstanding balance only to LINE	3. Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 13

		Detailed Summary Page FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full) Virginians for Conservative Gove	rnment	Transaction ID : SC/10.4101		
LOAN SOURCE Full Name (Last, First, I Phillips, Robert, , , jr	Middle Initial)	N ☐ Memo Item		
Mailing Address 5822 Crighton Drive		Other (specify) ▼		
City	State	ZIP Code		
Dublin	ОН	43016		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
50.00		19.87		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M04 / 27 / Y 2016 Y	M = M / D = D	/ 12/31/2016 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line o				
Carry outstanding balance only to LINE 3. S	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 13

			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Ful		amont	Transaction ID : SC/10.4102
Virginians for Conserva	alive Govern	iment	
LOAN SOURCE Full Name (Last, First, Middle Initial) Phillips, Robert, , , jr			N
Mailing Address 5822 Cright	on Drive		Other (specify) ▼
City		State	ZIP Code
Dublin		ОН	43016
Original Amount of Loan		Cumulative Page	ment To Date Balance Outstanding at Close of This Period
7 7	20.00	-	20.00 0.00
TERMS Date Incurred	d		ate Due Interest Rate Secured:
05 / 09 / Y	2016 Y	M = M / D = D	12/31/2016 0.00 % (apr) Yes X No
List All Endorsers or Guar	antors (if any)	to Loan Source	
1. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		0.00
FOTALS This Period (last page	e in this line onl	y)	······································
Carry outstanding balance onl	y to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 13

		Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	,	Transaction ID : SC/10.4118
Virginians for Conservative Gov	ernment	
LOAN SOURCE Full Name (Last, First Phillips, Robert, , , jr	, Middle Initial)	N ☐ Memo Item
Mailing Address 5822 Crighton Drive		Other (specify) ▼
City	State	ZIP Code
Dublin	ОН	43016
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
50.00		0.00
TERMS Date Incurred	Di	ate Due Interest Rate Secured:
M 12 / D 16 / Y 2016	M = M / D = D	12/31/2018 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	50.00
TOTALS This Period (last page in this line	only)	130.13
Carry outstanding balance only to LINE 3.	Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

13

NAME OF COMMITTEE (In Full) Virginians for Conservative Government	nent		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies, LLC			Nature of Debt (Purpose): Creative Services
Mailing Address 1251 NW Briarcliff Pkwy Ste 85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4107
1500.00			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): Web Services
Axiom Strategies, LLC			Web Services
Mailing Address 1251 NW Briarcliff Pkwy Ste 85			
City Kansas City	State MO	Zip Code 64116	
Outstanding Balance Beginning This Period	1	-	Transaction ID : SD10.4109
Amount Incurred This Period	Outstanding Balance at Close of This Period		
0.00		0.00	
C. Full Name (Last, First, Middle Initial) of Debto Henry Alan, LLC	Nature of Debt (Purpose): Accounting and Compliance		
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	
Outstanding Balance Beginning This Period 1250.00			Transaction ID : SD10.4106
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1250.00
SUBTOTALS This Period This Page (optional)			2864.95
2) TOTALS This Period (last page this line number	only)		·
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	·
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only) >

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

:		
		9
	X	10

OF

13

NAME OF COMMITTEE (In Full) Virginians for Conservative Government A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting and Compliance Henry Alan, LLC Mailing Address 5822 Crighton Drive State Zip Code Dublin ОН 43016 Transaction ID: SD10.4105 Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Accounting and Compliance Henry Alan, LLC Mailing Address 5822 Crighton Drive City State Zip Code Dublin 43016 ОН Outstanding Balance Beginning This Period Transaction ID: SD10.4103 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1000.00 1) SUBTOTALS This Period This Page (optional)..... 3864.95 2) TOTALS This Period (last page this line number only)..... 130.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 3995.08 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶